




## For **Non-Resident** applications

<https://www.sircon.com/index.jsp>

COVID-19 regulations are changing all the time - here's what you need to know for each state. Updated daily.  
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### Complete. Connected. Compliant.

Sircon helps you save money, reduce compliance risk, and accelerate time-to-revenue by getting and keeping agents / advisors authorized to sell.

**SELECT**

[Apply for a License](#) [Renew or Reinstate a License](#) [Check Application / Renewal Status](#)

[Print a License](#) [Look up Courses or Transcript](#) [View a list of all services](#)

Insurance is all about relationships, and compliance is no exception. Sircon connects all of the compliance stakeholders together so that everyone knows who is authorized to sell.

Tell us about yourself, and we'll help you find the best Sircon solution for you!

TELL US WHO YOU ARE:

Select **"Apply for a License"**

## License Applications

**i** If you have recently submitted an address change request to your resident state, please allow 5 to 7 business days for processing before submitting a new or updated license application.

[Check the Status of an Existing Application](#)

[Renew an Existing License](#)

### NEW INSURANCE LICENSES

Start an application for a **new license** or **add new lines of authority** to an existing license

[New Insurance License](#)

### NEW ADJUSTER LICENSES

Start an application for a **new adjuster license** or **add new lines of authority** to an existing license

[New Adjuster License](#)

### OTHER LICENSES

Additional non-resident licenses that do not require an active resident license on the National Producer Database

[Other Licenses](#)

*You'll be able to select a license type on following screens*

**SELECT**

Select "**New Insurance License**"

**License Applications**

**i** If you have recently submitted an address change request to your resident state, please allow 5 to 7 business days for processing before submitting a new or updated license application.

[Check the Status of an Existing Application](#) [Renew an Existing License](#)

**NEW INSURANCE LICENSES**

Start an application for a new license or add new lines of authority to an existing license [New Insurance License](#)

Is this a Resident or Non-Resident license?	<input type="radio"/> Resident	<input checked="" type="radio"/> Non-Resident
Are you an individual or a firm?	<input type="radio"/> Individual	<input checked="" type="radio"/> Firm

[Cancel](#) [Continue](#)

**NEW ADJUSTER LICENSES**

Start an application for a new adjuster license or add new lines of authority to an existing license [New Adjuster License](#)

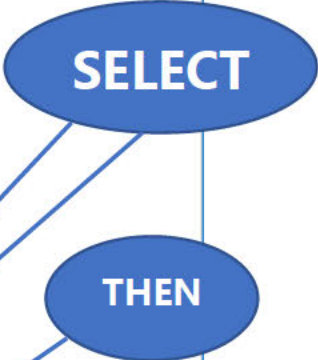
**OTHER LICENSES**

Additional non-resident licenses that do not require an active resident license on the National Producer Database [Other Licenses](#)

*You'll be able to select a license type on following screens*

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Select **"Non-Resident"**, select **"Firm"** for Texas non-resident license, and then **"Continue"**  
NOTE: Select "Firm" even if you are a sole-proprietorship

**Firm Non-Resident License Application**

Resident State  \* Required [I do not have a resident license](#)

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**I do not have a resident license**

There are certain states with licenses available that can be applied for without having an active resident license on the National Producer Database (PDB).

If you have an active resident license on the PDB, you should enter your credentials on this page; you will still be able to apply for the licenses that do not require an active resident license.

If you wish to apply for a resident license first [click here](#)

If you wish to apply for a non-resident license that does not require an active resident license on the PDB [click here](#)

Select "I do not have a resident License."  
Then select the second statement as illustrated below.

Select **I do not have a resident license**, then select the second statement as illustrated above.



## Firm License Application

State of Residency  \* Required [Which state should I choose?](#)  
EIN  \* Required  
Agency Type  \* Required  
Preparer  Applicant  Authorized Submitter \* Required

You have reached this page because you wish to apply for a license that does not require you to have an active resident license on the National Producer Database (PDB) or we were unable to validate your resident license credentials on the PDB. If you feel you have reached this page in error, please use the links below to apply for a resident license or apply for non-resident licenses using an active resident license.

Only select states have licenses available through this application workflow. After you select your state of residency you will be able to view the states and available licenses for you to apply for.

If you would like to apply for a Resident License [click here](#)

If you would like to apply for Non-Resident License using a Resident license that exists on the PDB [click here](#)

Complete the information required

## States

Not all license types are available in all states. Click on a state name below to view the license types available in that state. If the type you seek is not available, do not continue for that state. Instead you will need to contact the state to find out their requirements for application.

GEORGIA - Principal and Branch Agency Requirements: An agency must have at least one Georgia Principal Agency license prior to obtaining Branch Agency licenses. The Principal Agency license can either be a resident or nonresident location. Before submitting a Branch Agency application, confirm that an active Principal Agency license exists for the EIN that will be used on the Branch Agency application.

CALIFORNIA - Sole proprietorship may not apply electronically using the business entity uniform application, they must apply as an individual.

CALIFORNIA - Business Entities applying as a Limited Liability Company (LLC's): LLC's are required to provide proof of satisfying the security requirements of Section 1647.5 of the California Insurance Code when applying for an insurance license and once licensed, must also file with the Commissioner an annual confirmation of coverage demonstrating continued compliance with the financial security requirements. Additional LLC application filing information, annual certification of coverage information, and links to forms that can be used as proof of fulfilling the security requirements, please go to the following link for Business Entity Limited Liability Company Requirements (<http://www.insurance.ca.gov/0200-industry/0020-apply-license/0300-business-license/business-entity-limited-liability.cfm>)

Attention Georgia Applicants: You are required to submit Citizenship Affidavit Form GID-276-EN with your application. Please copy and paste the following link into your browser to get the Citizenship Affidavit form: <https://oci.georgia.gov/citizenship-affidavit>.

- |  |   |  |  |
|--|---|--|--|
| <input type="radio"/> <a href="#">California</a> | <input type="radio"/> <a href="#">Minnesota</a>   | <input type="radio"/> <a href="#">Pennsylvania</a> | <input type="radio"/> <a href="#">Virginia</a> |
| <input type="radio"/> <a href="#">Georgia</a>    | <input type="radio"/> <a href="#">Mississippi</a> | <input type="radio"/> <a href="#">South Dakota</a> | <input type="radio"/> <a href="#">Wyoming</a>  |
| <input type="radio"/> <a href="#">Indiana</a>    | <input type="radio"/> <a href="#">Nevada</a>      | <input type="radio"/> <a href="#">Texas</a>        |  |

Click on a state name to view the license types available for each submission method.

Then Select Texas

Select "Texas"

### Payment Method

Credit Card/Electronic Check Submission  
**\*\* We accept VISA, MASTERCARD, AMERICAN EXPRESS, DISCOVER and electronic checks. \*\***

I am actively working with a Siron insurance carrier, agency or partner who is responsible for all or part of the transaction fee. I understand that I am responsible for paying any fees not paid for by the carrier/agency/partner.  
**\*\* We accept VISA, MASTERCARD, AMERICAN EXPRESS, DISCOVER and electronic checks. \*\***

I am actively working with a Siron insurance carrier, agency or partner to obtain licensure. I understand that, by checking this box and entering a username/password below, my request will be sent to the carrier/agency/partner who will determine whether to process with the state.

*The information on the following pages may include information provided from the National Insurance Producer Registry's Producer Database and may contain information subject to the Fair Credit Reporting Act, 15 U.S.C. 1681 et seq. A Summary of Consumer Rights is provided [Here](#), and is available for viewing.*

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THEN

Select **"Continue"**.

## Firm Non-Resident License Application

Not all license types are available in all states. If the license type that you seek is not listed, please contact the state directly and do not apply at this time. State contact information can be found here: [State Information Center](#)

### License Information

Select State License Type	Previously licensed?
<input type="checkbox"/> Adjuster	<input type="radio"/> Yes <input checked="" type="radio"/> No
<input type="checkbox"/> County Mutual Agency	<input type="radio"/> Yes <input checked="" type="radio"/> No
<input type="checkbox"/> Life Agy Not Exceed \$25,000	<input type="radio"/> Yes <input checked="" type="radio"/> No
<input type="checkbox"/> Life Settlement Broker	<input type="radio"/> Yes <input checked="" type="radio"/> No
<input type="checkbox"/> Life Settlement Provider	<input type="radio"/> Yes <input checked="" type="radio"/> No
<input type="checkbox"/> Life Stimnt LE Estimator	<input type="radio"/> Yes <input checked="" type="radio"/> No
<input type="checkbox"/> Pre-Need Agency	<input type="radio"/> Yes <input checked="" type="radio"/> No

**Texas:** You must forward Attachments to the state before this agency application will be reviewed by the state. Click on **"Additional State Requirements"** link below for details.  
General Lines Agency includes two qualifications: LAH and P&C.  
Life Agency is limited to Life and Annuity. It does not include authority for Accident and Health. The General Lines Agency authorizes an agency for Life, Accident and Health.  
Personal Lines Property and Casualty Agency does not include authority for Commercial.  
General Lines Agency is required for Commercial.  
Verify the License Type/Qualification is the correct License Type/Qualification.

Review and Select  
License type



<input type="checkbox"/> Public Insurance Adjuster	<input type="radio"/> Yes <input checked="" type="radio"/> No
<input type="checkbox"/> Risk Manager	<input type="radio"/> Yes <input checked="" type="radio"/> No
<input type="checkbox"/> Specialty Insurance Agency	<input type="radio"/> Yes <input checked="" type="radio"/> No
<input type="checkbox"/> Third Party Administrator	<input type="radio"/> Yes <input checked="" type="radio"/> No

[Click here to view state requirements](#)

Please note that the licenses listed above may not be all licenses available in the state. The licenses on this page are available for you to apply for without being validated on the National Producer Database.

If you would like to apply for non-resident licenses using a resident license that is active on the PDB [click here](#)  
If you would like to apply for a resident license to obtain non-resident licenses not available through this application process [click here](#)

Select the **license type**, then  
Answer "previously licensed"  
question.  
Then Select **Continue**

## Firm Non-Resident License Application

### Agency Information

*'Sole Proprietorship business entities are not accepted electronically at this time.'*

FEIN  \* Required

Firm Name  \* Required

Alias Name

Incorporation Date  MM-DD-YYYY \* Required (mm-dd-yyyy)

License Number  \* Required

Agency Type Code Corporation

Domicile Country  \* Required

Affiliated with a Bank?  \* Required

Email Address  \* Required

Business Web Address

FINRA CRD Identifier  [What's this?](#)

### Agency Business Address

Line One  \* Required

Line Two

Line Three

City  \* Required

State

Postal Code  \* Required

Country  \* Required

### Agency Mailing Address

Line One  \* Required

Line Two

Line Three

City  \* Required

State

Postal Code  \* Required

Country  \* Required

### Agency Business Phone

Phone Number  \* Required

Extension

### Agency FAX

Fax Number  \* Required

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Verify the information provided, or complete the required information

If NO resident state license enter the numbers "12345" in the License Number field.

Verify the Address information, or complete the required information

Verify the Phone information, or complete the required information.

Select Continue

## Firm Non-Resident License Application

### Owners and Officers

Please enter information into the sections below (at least one is required).

Identify all executive officers, directors, or partners who administer the applicant entity's operations in Texas and all individuals in control of the applicant entity's insurance operations. The social security number, date of birth, complete mailing address and fingerprint information must be provided for each individual listed. Additional information on those listed here must be forwarded to the state. See 'Additional State Requirements' for details.

Owner/Officer Type  \* Required

SSN  \* Required

First Name  \* Required

Last Name  \* Required

Title  \* Required

Owner  \* Required

Percent Ownership

Birth Date  (mm-dd-yyyy) \* Required

Add any Officers,  
Directors, and  
Owners

Select Continue

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**Firm Non-Resident License Application**

**Texas Non-Resident Third Party Administrator Questions**

*All questions are required unless otherwise specified*

Please answer the following Texas Non-Resident Third Party Administrator Questions

**Question 1**

Please enter the applicant's primary contact business email address below:  
The applicant's record will be updated to reflect the primary business email contact listed below.

**Question 2**

An email address of a member of the public that is provided for the purpose of communicating electronically with a governmental body is confidential and not subject to disclosure. Tex. Gov't Code §552.137(a). However, a member of the public's email address may be released if the member of the public affirmatively consents to disclosure of the email address. Tex. Gov't Code §552.137(b).

Does this applicant consent to public disclosure of their primary contact email address?

- No
- Yes

**Question 3**

Does the applicant currently do business as an administrator in Texas?

- No
- Yes

**Question 3A**

If "Yes", provide a written explanation in the space below, or attach a separate document if more space is needed.

Answer all questions  
**carefully.**

Attach any required  
documentation to this  
application AFTER you  
submit the application.

Answer all questions  
**carefully.**

Attach any required  
documentation to this  
application after you  
submit the application.

**Question 4**

Which type of business will the Third Party Administrator handle?

- A. Life, Accident, or Health Benefits or Annuities
- B. Pharmacy Benefits
- C. Workers' Compensation

**Question 5**

Will a copy of **Articles of Incorporation/Organization** and all amendments currently **(within the last 6 months)** certified by Secretary of State in the applicant's state of domicile be attached to this application?

- No
- Yes

**Question 6**

Is the application for General Partnership or Sole Proprietor?

- No
- Yes

**Question 6A**

If registered with the **Texas Secretary of State**, will a copy of the applicant's **registration** be attached to this application?

- No
- Yes

**Question 6B**

Will a copy of the **By-laws or Operating Agreement** currently certified by corporate Secretary as true and correct as of the date signed be attached to this application?

- No
- Yes

**Question 6C**

Will a copy of the General Partnership Agreement be attached to this application?  
**Enter Not Applicable if Sole Proprietorship**

- No
- Yes
- Not Applicable

**Question 7**

Will a copy of an **audited financial statement** of the applicant covering the preceding three calendar years or any lesser period that the applicant and any predecessors of the applicant have been in existence be attached to this application?

- No
- Yes

**Question 7A**

Will a copy of an **unaudited financial statement** as of a date not earlier than the 120th day before the date this application is submitted, with an **affidavit or certification** that the unaudited financial statement is true and correct, as of its date, and there have been no material changes in financial condition from the date of the financial statement to the execution date of the affidavit or certification be attached to this application?

- No
- Yes

**Question 8**

Will a copy of the Current Franchise Tax Certificate of Good Standing or Letter of Exemption issued by the Texas Comptroller of Public Accounts, be attached to this application? (<https://mycpa.cpa.state.tx.us/coa/index.html>)

- No
- Yes

**Question 9**

Will a copy of a **Fidelity Bond** showing proof of employee dishonesty coverage as required by the [Texas Insurance Code §4151.055](#) and [28 TAC §7.1608](#) or [28 TAC §5.6403\(g\)](#) be attached to this application?

- No
- Yes

**Question 10**

Will a copy of the **completed, notarized, Officers and Directors Page** for Administrators FORM ([FIN306](#)) be attached to this application?

- No
- Yes

**Question 11**

Will a **completed, notarized copy** of the **Administrator Biographical Affidavit (NAIC ICAA Form 11)** or ([FIN484](#)) and receipt for electronic fingerprints for each Executive Officer or other comparable responsible person (example: Officer, Director, Partner, Sole Proprietor, or Owner) be attached to this application?

- No
- Yes

Answer all questions  
**carefully.**

Attach any required  
documentation to this  
application after you  
submit the application.

**Question 12**

Will a **narrative describing type** of business, facilities, personnel, experience, and list of states where applicant is **currently doing business** as an administrator be attached to this application?

- No
- Yes

**Question 13**

Will a list of **Affiliates** be attached to this application?

- No
- Yes

**Question 14**

Will the copy of a **completed, notarized, Service of Process for Administrators FORM (FIN485)** be attached to this application?

- No
- Yes

**Question 15**

Will a list of all **licenses, authorizations, or certificates of authority** held by the applicant be attached to this application?

- No
- Yes

**Question 16**

Will the applicant entity conduct the business under the Third Party Administrator license in a name other than the applicant entity's full legal name?

**A copy of an approved assumed name certificate that has been filed with the County Clerk's office of the county in which the assumed name is utilized, or if a corporation registered with Texas Secretary of State, must be attached to this application.**

**If not registered with Texas Secretary of State, provide the approved assumed name certificate from your resident state.**

- No
- Yes

**Question 16A**

If **"Yes"**, Enter the business or assumed name in the space below.

Answer all questions  
**carefully.**

Attach any required  
documentation to this  
application after you  
submit the application.

**Question 17**

Will a **certification page** on Company letterhead, signed by an **Executive Officer, Director, Partner, Sole Proprietor, or Shareholder**, be attached to this application, attesting that the answers given herein, along with all attached required documents are true, and correct?

This document must be attached, or this application cannot be processed.

- No
- Yes

**Question 18**

Enter the Full **Physical Address** of the applicant. (Including City, State, and Zip Code)  
This address cannot be a P.O. Box.

**Question 19**

Enter the Full **Statutory Home Office Address** of the applicant. (Including City, State, and Zip Code)  
This address cannot be a P.O. Box.

Answer all questions  
**carefully.**

Attach any required  
documentation to this  
application after you  
submit the application.

Select Continue



## Firm Non-Resident License Application

### Uniform Background Questions - Agency

*All questions are required unless otherwise specified*

#### Please answer the following Uniform Background Questions - Agency

*Please read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.*

#### Question 1

**NOTE:** For Questions 1a, 1b, and 1c "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere or no contest, or having been given probation, a suspended sentence or a fine.

If you answer yes to any of these questions, you must attach to this application:

- a) a written statement identifying all parties involved (including their percentage of ownership, if any) and explaining the circumstances of each incident,
- b) a copy of the charging document,
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

#### Question 1A

Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, ever been convicted of a misdemeanor, had a judgment withheld or deferred or is the business entity or any owner, partner, officer or director of the business entity, or member or manager currently charged with, committing a misdemeanor?

You may exclude the following misdemeanor convictions or pending misdemeanor charges: traffic citations, driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license.

You may also exclude juvenile adjudications (offenses where you were adjudicated delinquent in juvenile court.)

- No  
 Yes

#### Question 1B

Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company ever been convicted of a felony, had judgment withheld or deferred, or is the business entity or any owner, partner, officer or director of the business entity or member or manager of a limited liability company currently charged with committing a felony?

You may exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court.)

- No  
 Yes

Answer all questions  
**carefully.**

Attach any required  
documentation to this  
application after you  
submit the application.

**Question 1B1**

If you have a felony conviction involving dishonesty or breach of trust, have you applied for written consent to engage in the business of insurance in your home state as required by 18 USC 1033?

- No
- Yes
- Not Applicable

**Question 1B2**

If so, was consent granted? (Attach copy of 1033 consent approved by home state.)

- No
- Yes
- Not Applicable

**Question 1C**

Has the business entity or any owner, partner, officer or director of the business entity or member or manager of a limited liability company, ever been convicted of a military offense, had a judgment withheld or deferred, or is the business entity or any owner, partner, officer or director of the business entity or member or manager of a limited liability company, currently charged with committing a military offense?

- No
- Yes

**Question 2**

Has the business entity or any owner, partner, officer or director of the business entity, or manager or member of a limited liability company, ever been named or involved as a party in an administrative proceeding, including a FINRA sanction or arbitration proceeding regarding any professional or occupational license, or registration?

"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation, sanctioned or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license or registration. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license, all parties involved (including their percentage of ownership, if any) and explaining the circumstances of each incident,
- b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

- No
- Yes

Answer all questions  
**carefully.**

Attach any required  
documentation to this  
application after you  
submit the application.

**Question 3**

Has any demand been made or judgment rendered against the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies, unless they involve funds held on behalf of others.

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.

- No  
 Yes

**Question 4**

Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, ever been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement?

If you answer yes, identify the jurisdiction(s):

- No  
 Yes

Comment

**Question 5**

Is the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?

If you answer yes, you must attach to this application:

- a written statement summarizing the details of each incident,
- a copy of the Petition, Complaint or other document that commenced the lawsuit arbitrations, or mediation proceedings and
- a copy of the official documents which demonstrates the resolution of the charges or any final judgment.

- No  
 Yes

Answer all questions  
**carefully.**

Attach any required  
documentation to this  
application after you  
submit the application.

**Question 6**

Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) copies of all relevant documents.

- No
- Yes

Answer all questions **carefully.**

Attach any required documentation to this application after you submit the application.

Select Continue

## Firm Non-Resident License Application

### Attestation Information for State of Texas

On behalf of the business entity or limited liability company, the undersigned owner, partner, officer, director of the business entity, or member or manager of a limited liability company, hereby certifies, under penalty of perjury, that:

All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me and the business entity or limited liability company to civil or criminal penalties.

Unless provided otherwise by law or regulation of the jurisdiction, the business entity or limited liability company hereby designates the Commissioner, Director, Superintendent of Insurance, or an appropriate representative in each jurisdiction for which this application is made to be its agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner or Director of that jurisdiction is of the same legal force and validity as personal service upon the business entity.

The business entity or limited liability company grants permission to the Commissioner or Director of Insurance in each jurisdiction for which this application is made to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company.

Every owner, partner, officer or director of the business entity, or member or manager of a limited liability company, either a) does not have a current child-support obligation, or b) has a child-support obligation and is currently in compliance with that obligation.

I authorize the jurisdictions to which this application is made to give any information they may have concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.

I hereby certify that upon request, I will furnish the jurisdiction(s) to which I am applying, certified copies of any documents attached to this application or requested by the jurisdiction(s).

I hereby certify that I have personally and completely answered each of the questions herein and that I have attached to this application all information requested.

I further understand that the requirements and information obtained via this electronic application satisfies the requirements established through the promulgated forms for a Third-Party Administrator application.

I further certify that I am aware of the provisions of the Texas Insurance Code and the rules promulgated by the Texas Department of Insurance which relate to the issuance of the certificate of authority for which the applicant is applying and the grounds under which such certificate of authority may be denied, suspended, or revoked.

I further acknowledge that the applicant has the duty to update the information contained on this application and that failure to do so may result in disciplinary action.

I Agree\* *Required*

Read **Attestation** carefully,  
Select Agree  
and Continue

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## Firm Non-Resident License Application

### License Application Summary

Resident State  
Firm Name

[Review License Application](#)

### Electronic Applications

Dest. State	License Type	Qualification Type	Total State Fee
<a href="#">Texas</a>	Third Party Administrator		\$1,000.00
State Fee Total			\$1,000.00
Sircon Service Fee			

### Fee Summary

Electronic Applications State Fee Total	\$1,000.00
Sircon Service Fee Total	
Processing Fee Total	
Total	\$

Must be checked

*Note: The above amount will not be charged to your credit card until you complete the payment process. Click the Submit button to proceed with the payment process.*

I understand that all license application fees are non-refundable.

[Click here to view additional state requirements](#)

I would like to receive email notifications concerning state insurance deadlines, renewal notices, new electronic services and related issues.

Please send email notifications to:

Review complete application.

Also,

Review Additional State Requirements (ASR) document carefully **before** submitting the application.

Supply / Verify email address

Select Submit

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## Firm Non-Resident License Application

### License Application Additional State Requirements

#### Texas - Third Party Administrator

- Before Submitting Your Application Verify the License Type/Qualification **selected** is the correct License Type/Qualification.
- To ensure proper processing of application, please note the following:
  - Enter all data for the application in Capital Letters only.
  - Do not enter a P.O. Box address in the Business address field.
  - Do not enter punctuation in any address field.
  - Verify the **background questions** were answered correctly before the application is submitted.
- **Method of Submitting:** After submitting your license application electronically to the Texas Department of Insurance, print a copy of the license application to retain for your own records; DO NOT mail it to the state.
- All required attachments including documentation required in response to a "Yes" answer on a background question or other requirements should be submitted to the state as follows:
  - (1) On the License Application Confirmation page or the License Application Activity Inquiry, the applicant will be offered the Attach Supporting Documents button (paperclip icon) in the Action column.
  - (2) Click the button to open the Attach Supporting Documents page.
  - (3) There you can browse for the electronic document on your computer system, provide a description to give context for the reviewer, and
  - (4) upload the document(s) to the license application.If you do not have scan capability, fax all the required documents along with a cover letter to the number listed below or mail to:
  - **Texas Department of Insurance**  
Company Licensing and Registration  
PO Box 12030, MC-FRD  
Austin, TX 78711-2030  
Phone: (512) 676-6365
- **Required Additional attachments required:**
- **Articles of Incorporation/Organization** and all amendments currently (**within the last 6 months**) certified by Secretary of State in the applicant's state of domicile.
- **Copy of applicant's registration with the [Texas Secretary of State](#)** (if applicable, not required of general partnership or sole proprietor).
- **By-laws or Operating Agreement** currently certified by corporate Secretary as true and correct as of the date signed. (Not required of General Partnership or Sole Proprietor).
- **General Partnership Agreement** (If applicable).
- **Financial information** as required by the [Texas Insurance Code §4151.052\(a\)\(4\)](#).
- A **certification of franchise tax** account status from the Texas Comptroller's Office, if a corporation or applicable partnership.
- **Copy of Fidelity Bond** showing proof of employee dishonesty coverage as required by the [Texas Insurance Code §4151.055](#) and [28 TAC §7.1608](#) or [28 TAC §5.6403\(g\)](#).
- A copy of the **completed, notarized, Officers and Directors Page** for Administrators FORM (FIN306).
- A **completed, notarized** copy of the **Administrator Biographical Affidavit (NAIC UCAA Form 11)** or (FIN484) and receipt for electronic fingerprints for each Executive Officer or other comparable responsible person (example: Officer, Director, Partner, Sole Proprietor, or Owner).
- **Narrative describing type of business, facilities, personnel, experience, and list of states** where applicant is currently doing business as an administrator.
- **Ownership information** (identify any owner with 10% or more interest). - Captured through the application process.

Review ASR  
document  
carefully.

Select close once  
read.

- List of Affiliates.
- A copy of a **completed, notarized, Service of Process for Administrators FORM (FIN485)** (LHL082). Required for foreign or alien applicants.
- List all licenses, authorizations, or certificates of authority held by the applicant.
- Certification page on Company letterhead, signed by an Executive Officer, Director, Partner, Sole Proprietor, or Shareholder, be attached to this application, attesting that the answers given herein, along with all attached required documents are true, and correct.
- Control means the power to direct or cause the direction of the management and policies of a license holder, whether directly or indirectly. A person is considered to control:
  - a corporate license holder if the person, individually or acting with others, directly or indirectly, holds with the power to vote, owns, or controls, or holds proxies representing, at least 10 percent of the voting stock or voting rights of the corporate license-holder; or
  - a partnership if the person through a right to vote or through any other right or power exercises rights in the management, direction, or conduct of the business of the partnership. At least one officer or one active partner of the applicant entity must be individually licensed by the Texas Department of Insurance.
- Fingerprinting is only required for those individuals who have not previously been fingerprinted for TDI.
- Third Party Administrators - Chief Executive Officer, President, Executive Director, Secretary, Treasurer, Chief Financial Officer/Controller, Chief Operating Officer, Medical Director (if applicable), Directors, Principals, Members/Managers, and Shareholders (> 10%).
- We DO NOT require biographical affidavits for Vice Presidents or Assistant Officers. Fingerprinting Instructions Administrator Biographical Affidavit (FIN484) or Biographical Affidavit (NAIC UCAA Form 11) Officers and Directors Page (FIN306)
- Fingerprinting
 

The fingerprint requirement is authorized in Texas Insurance Code 801.056 and amended 28 TAC 1.501 and 1.503-1.509. The complete text of the rule may be accessed at [www.tdi.texas.gov/rules/2008/1003e-059.html](http://www.tdi.texas.gov/rules/2008/1003e-059.html). The Texas Department of Insurance strongly encourages all resident applicants to utilize electronic fingerprinting through approved vendors as authorized under the rule. Electronic fingerprinting is fast and accurate, and in most cases will avoid potential delays in the processing of your submission.
- Electronic Fingerprinting
 

View the Electronic Fingerprinting instructions at the following location:  
<https://www.tdi.texas.gov/agent/fingerprint-instructions.html>.  
 (Fingerprints provided for an application will be used to check criminal history records of the Texas Department of Public Safety (DPS) and the Federal Bureau of Investigation (FBI), in accordance with applicable statutes).  
**NOTE:** TDI cannot complete processing of an entity application until it receives a criminal history report from DPS and FBI for each individual that is required to furnish a fingerprint receipt.
- To check on the status of your application, please use the following steps:
  - In your web browser, go to [www.sircon.com/Texas](http://www.sircon.com/Texas)
  - Click on the "Check License Application Status" link in the left-hand column
  - Enter your confirmation ID number, EIN and Producer Type
  - Click the Submit button

Continue Review of  
**ASR document**  
 carefully.

Select close once  
 read.

Close This Window



## Firm Non-Resident License Application

### License Application Confirmation

✔ Your License Application(s) were successfully submitted. Please review the information on this page, and then print the page for your records using the Print link below.

NEXT I would like to:

- [Attach documents](#) to this application
- [Print](#) this confirmation page

Note: This page is your confirmation and receipt of the transactions listed below. Please print this page for your records.

To print each state license application click on the confirmation ID below.

Resident State :

### Electronic Applications

**Important:** Sircon has submitted your license application electronically to the following states. A copy of each application, along with additional state instructions, will be sent to the email address you provided. Please review this information carefully and, where applicable, take the necessary steps to complete the application process.

You may return to Sircon Compliance Express to [check the status](#) of your electronic application(s). If the state sent back a response for the application, it will be posted under the heading of Result. If there are no results you may follow up directly with the state to which you applied. Contact information for the state is available through the State Information Center on the Sircon homepage.

**Note:** If you wish to change any information on this application, please send the changes in writing to the appropriate state office (please refer to the additional state Requirements for instructions). Do not attempt to submit changes electronically via 'Compliance Express'. Submitting another application with updated information is considered a new request, and will result in an additional charge to you.

Confirmation ID	Dest. State	License Type	Qualification Type	Status	Total State Fee
<a href="#">44451408</a>	<a href="#">Texas</a>			Submitted	\$
<b>State Fee Total</b>					\$
<b>Sircon Service Fee</b>					\$

Click on a Confirmation ID above to view a printable version of your license application.

### Fee Summary

Electronic Applications State Fee Total	\$
Sircon Service Fee Total	\$
Processing Fee Total	\$
<b>Total</b>	\$

[Click here to view additional state requirements](#)

You may wish to print this page for your records.

[View Result Details](#)

[Done](#)

Attach files to your submission.  
Capture your Confirmation ID.  
Select Done

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This is a **sample** of what you will see after you submit your application. This screen will provide the opportunity to attach required documentation with your application submission. Be sure to provide a **Document Description** for each file.

## Attach Supporting Documents

### License Applications

*You may attach files to the license applications below.*

State	License Number	License Type	Date Submitted	Status
TX				Submitted

### Attachments

- Use the fields below to locate and describe documents to attach to your license application requests.
- Clearly identify why you are attaching the document in the Document Description field.
- Note that the attachments you provide will only be sent to the specific states listed above.
- Please see the FAQs below for more information.

Select a Document  Document Description

### Frequently Asked Questions

- How do I know what documents to attach for each state?
- What if I don't have the documentation right now, or I don't have an electronic copy?
- Why can't I attach documents to other license applications?
- Are my documents secure when I attach them?
- What if I do not see my license listed above?

Choose a file to **attach** to your submission, attach the file, provide a Document Description, then click submit

Once the application has been submitted it will be reviewed by the state and if complete you will be emailed a copy of the license to the email submitted on the application. If the application has any deficiencies, you will be notified by email. If the deficiency requires an attachment to the application, reference our tutorial on "Attaching a Deficiency to an Application"